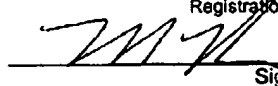
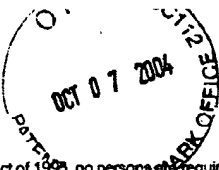


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) CIBT-P01-099	
Application Number 09/844257		Filed April 27, 2001	
For METHODS AND REAGENTS FOR TISSUE ENGINEERING OF CARTILAGE IN VITRO			
Art Unit 1646		Examiner M. T. Brannock	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00 \$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00 \$
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945. I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number 54,408		
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a).		
	Registration number if acting under 37 CFR 1.34(a)		
		October 5, 2004	
Signature		Date	
Melissa S. Rones, Ph.D.		(617) 951-7653	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below			
<input checked="" type="checkbox"/>	Total of 1 forms are submitted.		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Date: 10/5/04 Signature: [Signature] (Sunny Blundell)



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003. Patent fees are subject to annual revision.		Application Number	09/844257
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 27, 2001
		First Named Inventor	Karin Kellner
		Examiner Name	M. T. Brannock
		Art Unit	1646
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Attorney Docket No. CIBT-P01-099
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 60 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims -20** =			
Independent Claims -3** =			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		110.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Melissa S. Rones, Ph.D.	Registration No. (Attorney/Agent)	54,408
Signature		Telephone	(617) 951-7653
		Date	October 5, 2004

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Dated: 10/5/04	Signature: (Ginny Blundell)